C-2 Rev. 1/97



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Secti		Q: 43				
Name	1 :	r Political Committee and Chairperson		Office Sought (if candidate))	District (if any)	
	-yno	on Herriman		State 100p	5-BATE	
Mailin ;	Address 1-10	S Day K Dr.	Dort Falls 83854	Home Phone 773 - 8102	Work Phone	
Name :	Political T	Hu-t				
Mailin:	Address	☐ Check if address change.	City and Zip	Home Phone	Work Phone	
		attle Ave	Cd'A 83814	664-5418	667-6664	
Section				100/ 3 / 10	66/688	
Direc:	ons: To i	TYPE OF REPORT Indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the reporting periods and due dates. This report is for the period from				
		•	Day Pre-General Report	☐ Quarterly (April 30)		
	5730 Da	Post-Primary Report 30	Day Post-General Report	(only filed by ballot meas ☐ Quarterly (July 30)	sure committees)	
	□ Octob	r 10 Pre-General Report □ A	nnual Report	(only filed by ballot meas	rure committees)	
	Is th	is Report an amendment?	□ No Is this a 7	Termination Report?	Yes DNo	
Section	• III	STATEMENT OF N	CONTRIBUTIONS OR E	XPENDITURES	·	
Direction the appropriet	ropriate (f you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the cates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II,				
	□ I her	by certify that I have received no contributions and have made no expenditures during this reporting period from/				
Section	IV		SUMMARY			
		lendar Year to Date figure: Add this tumn II figures of your previous report	report's Column I C		COLUMN II dar Year to Date	
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	i .		-	<u> </u>	XXXXXX	
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Line 1: Line 3:	Enter Ca Total Co	h Balance at Close of Last Reporting attributions (Enter amount from page 2	Period** \$ \(\overline{\infty} \)	522.71 S_ 180.00 S_		
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DETAILED SUMMARY PAGE

Name of Candida	don Harriman	Report Covering the Period From 5 / 8/04 to 6/24/04
	UNITEMIZED CONTRIBUT Contributions of Fifty Dollars (\$50.00) or Leg	IONS 3 This Period
	Total Total Number Amount \$	120
	UNITEMIZED EXPENDITE Expenditures of Less Than Twenty-Five Dollars (\$2)	
	Total Total Number Amount \$	

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Uniternized Contributions (\$50 and less) from top of page	\$ 120.00
Itemized Contributions (total all Schedule A sheets)	\$ 60.00
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ 180.00
Number of Schedule B pages Attached	
Expenditures	
Unitermized Expenditures (less than \$25) from top of page	\$
Itemized Expenditures (total all Schedule B sheets)	\$ 51,80
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$

SCHEDULE A ITEMIZED CONTRIBUTIONS of more than Fifty Dollars (\$50.00) this period

age	of	
1		-

Name	f Candida	or Committee			
L		Indon Harriman	Column A	Column B	Colump C
	ate/	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
·	5,04	Edwards Publishing	s_60.00	\$	s
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		10.	\$	s	\$
	Primary General		S Calcoder Year To Date	SCalendar Year To Date	SCalendar Your to Duce
		Subtotals of Columns A, B & C	\$	\$	s
1		Total This Page (add columns A, B & C)			\$

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SCHEDULE B ITEMIZED EXPENDITURES of Twenty-Five Dollars (\$25.00) or more this period

Page	of
<i>i 1</i>	<u> </u>

Name:	f Candida	da z or Committee				
L	<u> </u>	Indon Harriman	Column A	Column B		
<u> </u>		Full Name, Malling Address and Zip Code	Cash or	In-Kind		
!	ate	of Recipient	Check	(non-monetary)		
		Do-17 Center Post Office 1217 N. 446 St. CAA 83814	_	:		
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